



Register for Self Reporting

S.C. Vaccine Provider Reporting

South Carolina Department of Health and Environmental Control


Healthy People. Healthy Communities.

Course Objective

The purpose of this training is for providers to learn how to register for self reporting with the S.C. Vaccine Provider Reporting system.



From the *S.C. Vaccine Provider Reporting* home page, click on *Register for Self Reporting* to begin the enrollment process.

 **S.C. Vaccine Provider Reporting**


Access to this website is for authorized users only.

User Name

Password


[Forgot Password](#)

[Trouble Logging in?](#)

[Register for Self Reporting](#) 

Vaccine Provider Reporting Production Environment

Notice: The South Carolina Vaccine Provider Reporting is the property of the South Carolina Department of Health and Environmental Control. This web site may be accessed only by Authorized Users of Vaccine Providers as defined in South Carolina H 3707, as amended, and may be used only for such purposes as provided in Regulation 61-120 and pursuant to an executed user agreement. Any unauthorized or improper use of this Registry may result in disciplinary action, suspension or revocation of access to the Registry, civil charges, criminal penalties and/or prosecution by law. By accessing and/or continuing to use this Registry, you indicate your awareness of and consent to these terms and conditions of use.



S.C. Department of Health and
Environmental Control


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After clicking on the *Register for Self Reporting* link, you will be taken to the *Provider Agreement* form.



VACCINES REPORTING PROGRAM PROVIDER AGREEMENT

Enrollment Information

☐ Enrolled in SCProgram, enter unique COVID-19 Organization ID:
☐ Enrolled in Federal Program, Enter Provider PIN:

Organization Information

Organization's Legal Name _____ Number of affiliated vaccination locations covered by this agreement _____

Address _____ City _____ State _____ Zip _____

First Name _____ Last Name _____ Phone _____ Email _____

Organization Administrator

Instructions: List below the person responsible for maintaining user account profiles, locations profile information. This person will serve as dedicated contact for information related to your organization.


First Name _____ Last Name _____ Phone _____ Email _____

Federal Reporting Through CDC Vaccine Finder

Is your organization reporting through Vaccine Finder? ☐ Yes ☐ No



Begin by completing the *Enrollment Information* section.



VACCINES REPORTING PROGRAM PROVIDER AGREEMENT

Enrollment Information
☐ Enrolled in SCProgram, enter unique COVID-19 Organization ID:
☐ Enrolled in Federal Program, Enter Provider PIN:

Organization Information

Organization's Legal Name _____

Number of affiliated vaccination locations covered by this agreement _____

Address _____ City _____ State _____ Zip _____

First Name _____ Last Name _____ Phone _____ Email _____

Organization Administrator
Instructions: List below the person responsible for maintaining user account profiles, locations profile information. This person will serve as dedicated contact for information related to your organization.

First Name _____ Last Name _____ Phone _____ Email _____

Federal Reporting Through CDC Vaccine Finder
Is your organization reporting through Vaccine Finder? ☐ Yes ☐ No



Enrollment Information
☐ Enrolled in SCProgram, enter unique COVID-19 Organization ID:
☐ Enrolled in Federal Program, Enter Provider PIN:



Choose the appropriate provider-level option.

State Providers

Enrollment Information
☒ Enrolled in SCProgram, enter unique COVID-19 Organization ID: Enter Organization ID
☐ Enrolled in Federal Program, Enter Provider PIN:

Federal Providers

Enrollment Information
☐ Enrolled in SCProgram, enter unique COVID-19 Organization ID:
☒ Enrolled in Federal Program, Enter Provider PIN: Enter Federal PIN



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After entering the Organization ID or the Federal PIN in the space provided, enter <Tab>. The *Organization Information*, *Organization Administrator*, and *Location Information* sections will be pre-populated with what is currently on file with DHEC.

It is important that providers review the pre-populated information and make updates as needed. If information is incorrect or missing, changes can be made directly on the form.

Organization Information

Pharmacy Test Centers of South Carolina		Number of affiliated vaccination locations covered by this agreement		1
Organization's Legal Name				
123 Apple Street	Columbia	SC	29203	Richland
Address	City	State	Zip	SC County (required)
Test	Johnson	8885551234	testpharm@notreal.com	
First Name	Last Name	Phone	Email	

Organization Administrator

Instructions: List below the person responsible for maintaining user account profiles, locations profile information. This person will serve as dedicated contact for information related to your organization.

Test	Johnson	8885551234	testjohnson@notreal.com
First Name	Last Name	Phone	Email

Federal Reporting Through CDC Vaccine Finder

Is your organization reporting through Vaccine Finder? ☐ Yes ☐ No



Review and update as needed



Review and update as needed



Select the appropriate answer

Location Information

Please review or enter any location information that is part of your main organization. Ensure that all information is accurate. To Add or move rows in this table click the "+" or "-" symbols at the side of the table.

Pharmacy Test Centers of South Carolina		Chester	
Location Name	Address	City	State
Jamie	Coates	(888) 444-1234	jamiecoates@notreal.com
Contact Person (First)	Contact Person (Last)	Phone	Email
		Pharmacy	123456
		Location Type	Provider PIN VFC





Review and update as needed

- Add missing address information
- Add additional locations by clicking on the "+" sign



After all sections have been completed, review and agree to the *Provider Agreement* conditions. Type your name in the space provided, digitally sign the form, and then click on *Submit*.

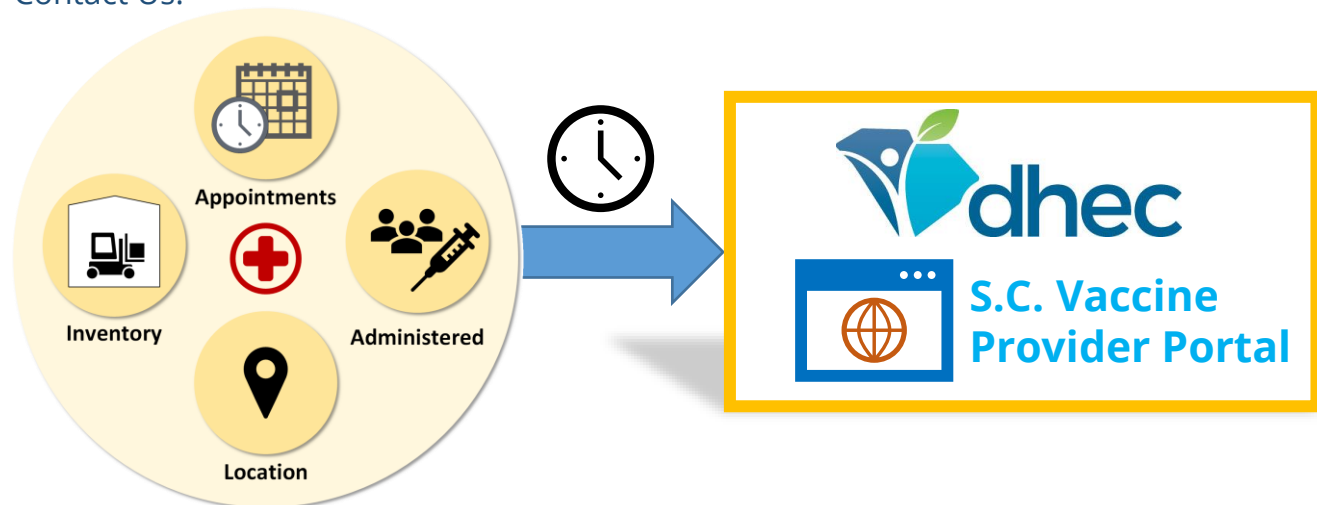
Once you have clicked on *Submit*, your enrollment will be forwarded to DHEC's Immunization Department for review.

Provider Agreement	
<i>I agree to the following conditions on behalf of myself and all locations associated with the Organization of which I am the medical director or practice administrator or equivalent:</i>	
<input type="radio"/>	I or designated representative will submit my COVID-19 Vaccine Reporting data, as described in South Carolina Bill H3707, for the previous day for all locations associated with Organization on a daily basis
<input type="radio"/>	I will maintain all records related to the Vaccine Reporting Program in accordance with my organizations record retention schedules.
<input type="radio"/>	I understand this Organization, or the SC DHEC Immunization Division may terminated this agreement at any time. If I choose to terminate this agreement, I will disable all user accounts as directed by the SC DHEC Immunization Division
<input type="radio"/>	I understand I will receive email notification related to system updates and reminders if I fail to report in a timely manner. Users will be given the option to opt out of these notifications at any time.
<i>By signing this form, I certify on behalf of myself and all immunization locations in this Organization, I have read and agree to the Vaccines Reporting enrollment requirements listed above and understand I am accountable (and each listed location individually accountable) for compliance with these requirements.</i>	
<div> _____ Medical Director or Equivalent (Full Name)</div>	<div><div>Click here to digitally sign</div><div>Click here to digitally sign</div></div>
<div></div>	<div><div>Submit</div><div>Reset</div></div>

Upon approval by DHEC's Immunization Department, your organization will be set up to access the system based on the information submitted.

What you should expect once approved:

- Individuals listed under **Organization Administrator** and **Location Information** will be set up as users in the system and will be sent an email with instructions on how to set up their account and access the system.
- Each location listed will be added in the system under your organization and set to active for you to start reporting on.
- The contact person listed with the location will automatically be assigned to report for that location daily. When this user logs into the system each day, they will only see locations they have been assigned to report on.
- The individual listed under *Organization Administrator* will be set up with an Organization Administrator role. When this user logs into the system, they will see all locations associated with their organization as well as additional tools to manage locations and users.
- To add an additional Organization Administrator after your organization has been activated, submit a request within the system under > Help > Contact Us.





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